

STATE OF LOUISIANA
DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT

DISTRICT NO. _____

Private Vehicle Report
(Ferry)

Name of vessel			Equipment number	
Name of Captain		Age	Home Address	Phone number () -
Date of accident	Hour		Where accident occurred	
Driver of vehicle		Address		Phone number () -
Owner of vehicle		Address		Phone number () -
Description of damage				

Year and model of vehicle	State and license number
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PERSONS INJURED

Name	Address	Phone number () -
Name	Address	Phone number () -
Nature of injuries		

Where was the injured taken and by whom

PASSENGERS IN VEHICLE

Name	Address	Phone number () -
Name	Address	Phone number () -

WITNESS and/or DECK HANDS

Name	Address	Phone number () -
Name	Address	Phone number () -

Damage to D.O.T.D. vessel

[illegible]